

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

| Establishment Name 5 # 3350 Establishment Address (number and street, city, state, zip code) | Telephone Number | Date of Inspection PERMIT # (mm/dd/yr) |
|--|---------------------------------------|--|
| Establishment Address (number and street, city, state, zip code) | | 1 |
| 200 miles 100 mi | - | 10/12/2019 19-301 |
| 2736 Charlishum Re (Saike 7) New Albay, IN 47150 | 812 820 1156 | 1 |
| Owner | Purpose: | Follow-up Release Date . |
| Mahat Kruph, icc | . Routine | No 10 days |
| Owner's Address | 2. Follow-up | Summary of Violations: |
| | 3. Complaint | |
| Person in Charge | 4. Pre-Operational | C |
| Narandra Patel | 5. Temporary | - |
| Responsible Person's E-mail | 6. НАССР | Menu Type (See back of page) |
| Certified Food Manager | 7. Other (list) | 1_ 2× 3_ 4_ 5 |
| Umang Patel (11/22/21) | <u> </u> | 1 4/ 3 7 3 |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN | C MADIZED SCT | <u> </u> |
| | | The second secon |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE " COLO. The Color of | SUMMARY OF VIOLATIONS" A | |
| Section# C/NC R Narrative | | To Be Corrected By |
| 243 NC R Observed single-use items stored on B | | Today |
| 310 NC R Observed willing unt dusty over BOH | prop | Today |
| | | |
| | | |
| PIC stated that store would be | mavina to newbo | location |
| - must first submit \$00 plan per | Actal | |
| ! | 77004 | |
| - pre-op inspection | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
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| | | • |
| Received by (name and title printed): | Inspected by (name and title | |
| | 1 . ' ' | ^ <u>_</u> ^ |
| Nullett Patle | _ l | Ingram (EHS) |
| Received by (signature): Null Pottle | Inspected by (signature): | |
| · · · · · · · · · · · · · · · · · · · | | -4 |
| cc: | | cc: |